FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

(Print or Ty	pe Response	s)																
1. Name and Address of Reporting Person* PORTEOUS DAVID L					HU	2. Issuer Name and Ticker or Trading Symbol HUNTINGTON BANCSHARES INC/MD [HBAN]							-	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X_ Director				
(Last) (First) (Middle) P.O. BOX 206					3. Date of Earliest Transaction (Month/Day/Year) 04/20/2012													
(Street) REED CITY, MI 49677				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)								6. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exe		Executio any	Deemed ecution Date, if y lonth/Day/Year)		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Ber Foll Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownersh Form: Direct (D or Indirect (I)	Indirect Beneficia Ownersh	Beneficial Ownership	
							С	Code	V	Amount	(D)	Price				(Instr. 4)		
Commor	ı Stock		04/20/2	012				A		4,160	A	\$ 6.4898	3 112	2,515		I	By Issu Deferre Compe Plan for Hunting Bancsh Incorpe Directo	ed nsation r gton ares orated
Commor	Stock												480	0,735		D		
Common Stock												43,	,589		I	By Chi	ldren	
Commor	Stock												9,6	522		I	By Spo	use
Reminder:	Report on a s	separate li	ine for each							Persons containe the form	who d in t disp	this forn lays a c	n are urren	not requally valid	OMB cont	ormation pond unless rol number.	SEC 14'	74 (9-02)
				Table						ed, Dispos tions, con				y Owned				
1. Title of Derivative Security (Instr. 3) Price of Derivative Security		3. Transaction Date Exercise (Month/Day/Year) (Month/Day/Year) (Month/Day/		ned n Date, if	4. Transact Code	5. Number of		er ative ities red sed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Tit Amo Unde Secur	Fitle and sount of derlying curities str. 3 and 8. Price of 9 Derivative I Security (Instr. 5) I I I I I I I I I I I I I I I I I I		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	Beneficia		
															unt ber			

Reporting Owners

	Relationships							
Reporting Owner Name /	Director	10% Owner	Officer	Other				
Address								

PORTEOUS DAVID L P.O. BOX 206 REED CITY, MI 49677	X				
---	---	--	--	--	--

Signatures

Elizabeth B. Moore	04/23/2012
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.